

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
INCIDENT REPORT

Case #:
18-112225

EVENT	Incident Type: 3-6-8 Suspicious activities		Counts: 1	Incident Code: NONC	Offense Jurisdiction: COUNTY	Arrest Jurisdiction:	
	Premise Type: ALL OTHER		Weapon Type:	Forcible: U	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>	
VICTIM	Date Report: 5/16/2018 8:49:00 AM Incident Start: 5/11/2018 9:00:00 PM Incident End: 5/14/2018 7:30:00 PM Incident Location: 934 BRIARCLIFF RD ATLANTA GA 30306-						
	Name (Last, First Middle): [REDACTED]		Moniker:	DOB: [REDACTED] 2001	Age: 16	Sex: M	Race: W
	Address: [REDACTED] ATLANTA GA 30306-		Home #:	Work #:	Cell #:	Email:	
	SSN:	Resident Status: RESIDENT	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:
	Eye Color:	OLN #:	State:				
	Occupation: UNKNOWN OR NOT STA		Employer:		Address:		Employer Phone:
	Victim Type: PERSON/INDIVIDUAL (NOT Student: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Victim's School: LAUREL HEIGHTS ACADEMY LEOKA Activity Type: LEOKA Assignment Type:						
	Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input checked="" type="checkbox"/> Other Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
	SMTs:						
	Relationship To Offenders: (1) OTHERWISE KNOW (2) (3) (4) (5) (6) (7) (8) (9) (10)						
Offenses Involved: (1) 1116 (2) (3) (4) (5) (6) (7) (8) (9) (10)							
OFFENDER	Name: [REDACTED]						
	Address: [REDACTED] ATLANTA GA 30306-		Home Phone:	Work Phone:	Cell Phone:	Email:	
	SSN:	Resident Status: RESIDENT	HGT:	WGT:	Hair Color:	Hair Style:	
	Eye Color:	OLN #:	State:				
	Occupation: UNKNOWN OR NOT STA		Employer:		Address:		
	Employer Phone:						
	SMTs:						
	Offenses Involved: (1) 3-6-8 Suspicious activities NONC (2) (3) (4) (5) (6) (7) (8) (9) (10)						
	WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: N WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
	TOTAL NUMBER ARRESTED: 0 ARREST AT OR NEAR OFFENSE SCENE: Yes <input type="checkbox"/> No: <input checked="" type="checkbox"/>						
PROPERTY	VEHICLES STOLEN \$0.00 RECOVERED \$0.00						
	CLOTHING STOLEN \$0.00 RECOVERED \$0.00						
	FIREARMS STOLEN \$0.00 RECOVERED \$0.00						
	CURRENCY, NOTES, ETC. \$0.00 \$0.00						
	OFFICE EQUIP \$0.00 \$0.00						
	JEWELRY, PREC. METALS \$0.00 \$0.00 \$0.00						
	TV, RADIO, ETC. \$0.00 \$0.00						
	FURS \$0.00 \$0.00						
	HOUSEHOLD GOODS \$0.00 \$0.00						
	CONSUMABLE GOODS \$0.00 \$0.00						
ADM.	GOC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES						
	DRUG INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/>						
	6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown <input type="checkbox"/>						
	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE						
	REPORTING OFFICER: Nguyen J D NUMBER: 2488 APPROVING OFFICER: Barber I g NUMBER: 2560						

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
OTHER PERSONS

Case #:
18-112225

Involvement Type: PARENT		Name (Last, First Middle): [REDACTED]				Moniker		SSN	
Address: [REDACTED]		Home #: [REDACTED]				Cell #: [REDACTED]		Work #: [REDACTED]	
DOB: [REDACTED] 1977	Age: 40	Sex: F	Race: W	Ethnicity: N	Resident Status: RESIDENT	Hair Color: BLONDE	Eye Color	HGT	WGT
SMTs:									
Email: [REDACTED]		OLN #				State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
Occupation:		Employer/School:				Address:		Employer Phone:	
UNKNOWN OR NOT STATE									

Involvement Type:		Name (Last, First Middle):				Moniker		SSN	
Address		Home #:				Cell #		Work #:	
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color	Eye Color	HGT	WGT
SMTs:									
Email:		OLN #				State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
Occupation:		Employer/School:				Address:		Employer Phone:	

Involvement Type:		Name (Last, First Middle):				Moniker		SSN	
Address		Home #:				Cell #		Work #:	
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color	Eye Color	HGT	WGT
SMTs:									
Email:		OLN #				State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
Occupation:		Employer/School:				Address:		Employer Phone:	

Involvement Type:		Name (Last, First Middle):				Moniker		SSN	
Address		Home #:				Cell #		Work #:	
DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color	Eye Color	HGT	WGT
SMTs:									
Email:		OLN #				State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
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Occupation:		Employer/School:				Address:		Employer Phone:	

Involvement Type:		Name (Last, First Middle):				Moniker		SSN	
Address		Home #:				Cell #		Work #:	
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SMTs:									
Email:		OLN #				State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	
Occupation:		Employer/School:				Address:		Employer Phone:	

DEKALB COUNTY POLICE DEPARTMENT**GA0440200****NARRATIVE****Case #**

18-112225

Officer ID/Name:

2488

Nguyen j td

Date:

5/16/2018 2:20:00 PM

Approving Officer ID/Name:**Date:****Title:**

INITIAL REPORT

The victim stated that he was sexually assaulted by the suspect.

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
NARRATIVE

Case #:
18-112225

Officer ID/Name:
2488

Nguyen j td

Date:

5/16/2018 2 20 00 PM

Approving Officer ID/Name:

2560

Barber l g

Date:

5/16/2018 3:39:06 PM

Title: SUPPLEMENTAL NARRATIVE

Suspect: V//M, [REDACTED] D.O.B. [REDACTED] 2004.

On 05/16/2018, at 1050 hours, I responded to 934 Briarcliff Rd (Laurel Heights Academy) in reference to a rape. Upon my arrival, I located the victim's mother, Mrs. [REDACTED]

Mrs. [REDACTED] stated that on 05/14/2018, at 1930 hours, she was informed by her son, [REDACTED] that his new roommate, [REDACTED] told him to 'suck him or he could never see his family'.

[REDACTED] stated that the suspect told him to open his mouth so he could put his [REDACTED] in there so he could suck it. [REDACTED] stated that the suspect said, 'I'm going to [REDACTED] you in the butt with my [REDACTED] and if you don't do it, you're not going to see your family again.'

There is a video footage of incident on 05/11/2018, at 2025 hours through 2122 hours.

Special Victims Detective Tirado Unit 976 and Detective Lewis Unit 972 were advised. Detective Lewis responded to the scene. Afterward, the case was turned over to Detective Lewis.

Body worn camera active.